Depression Screening and Suicide Risk Assessment in Older Patients

Depression screening and suicide risk assessment in elderly and chronically ill patients

PLATTSBURGH FAMILY MEDICINE

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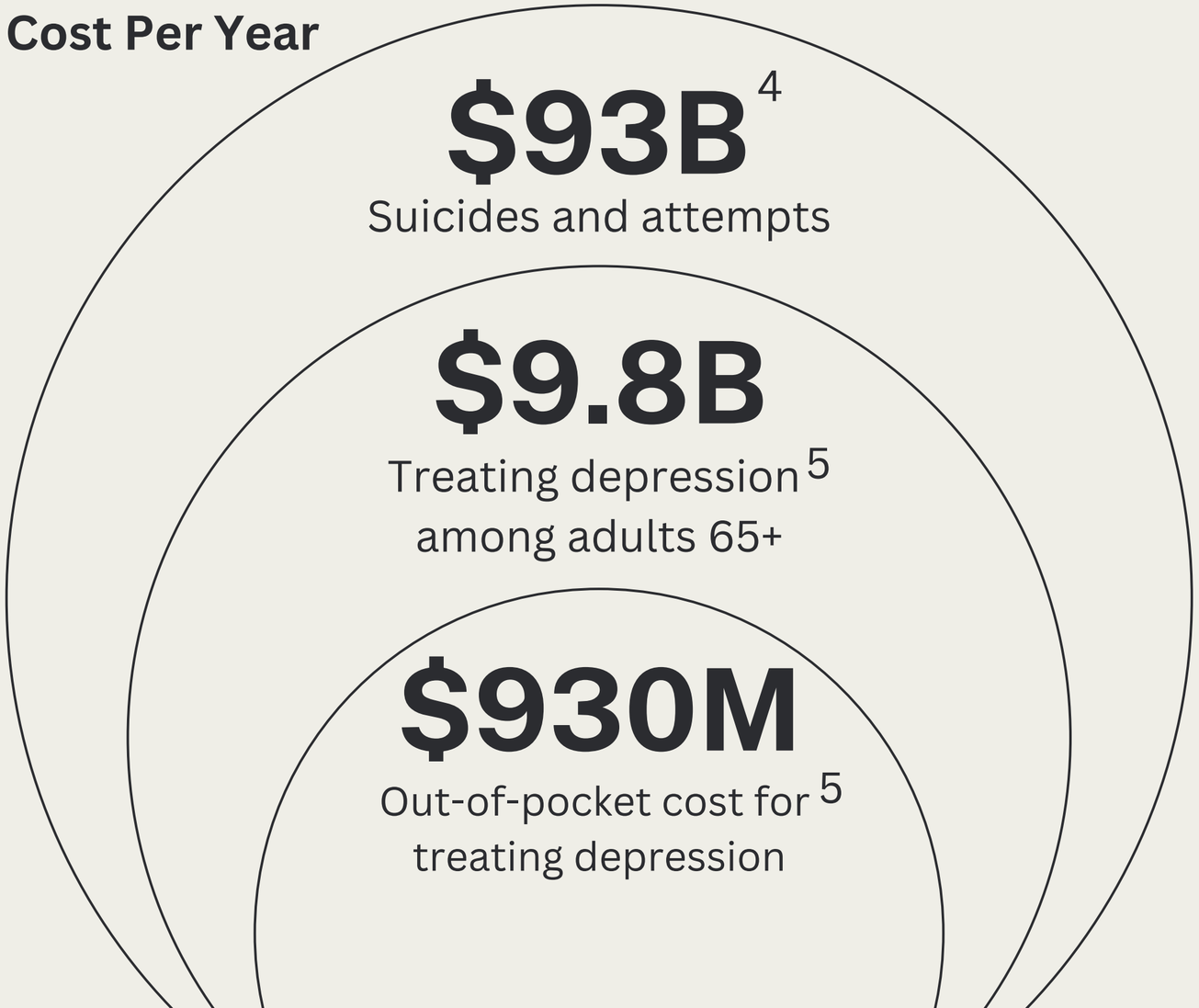
PROBLEM IDENTIFICATION

- Older adults are at increased risk of depression and are often misdiagnosed and undertreated [1]
  - Depression is a leading cause of lower quality of life in older adults but can be mistaken as a natural reaction to aging/illness by patients and healthcare providers [1]
- Most older adults seek psychiatric treatment in primary care settings and are less likely to use emergency interventions [1]
  - Few at-risk older adults, especially men, spontaneously report symptoms of depression and/or thoughts of suicide [1]
- Older adults have among the highest rates of suicide of all age groups in the U.S. [2]
  - Older males age 65+ have the highest rate of suicide of all age groups (42 per 100,000) [2]
  - Older adults are more likely to use lethal means, particularly firearms; in 2020 the percentage of suicide deaths involving a firearm was highest among adults 65+ (70.8%) [3]
- Although primary care providers are first-line for identifying at-risk patients, evidence suggests that practitioners do not typically ask their patients about suicide or screen for risk factors, such as gun access [1]

PUBLIC HEALTH COST



- Older adults with depression have roughly 50% higher healthcare costs than non-depressed older adults[6]
- Suicide rates are highest among rural areas (21.7 per 10,000); CVPH sees many patients from rural NY[7]

COMMUNITY PERSPECTIVE

Dr. Jennifer Hall, DO - Geriatric Psychiatrist, UVM

- "It is important to pay attention to how we're screening in older adults because depression presents differently"
- "Sometimes using more traditional screens, such as the PHQ2, are not sufficient"
- "Gun safety is an independent question that is important to build in...because there may be someone visiting or living with an older adult who could be at risk"
- Main Takeaways: be sensitive with the language used to discuss depression, build rapport, recognize the limitations of what you can do

Dr. Thomas Delaney, PhD - Founder of Vermont Suicide Data Group

- Most people who died by suicide were not participating in mental health treatment in the year prior to their death, but most did have visits with health care providers
- In the field of suicidology the PHQ-9 is seen as insufficient to identify some patients and the preferred tool is the CSSR-S;
- "Addressing lethal means safety is strongly supported by evidence of effectiveness for suicide prevention. It's important that PCPs assess for firearm access and safe storage in any situation"

INTERVENTION AND METHODOLOGY

The Geriatric Depression scale (GDS) was identified as an efficacious screening tool for late-life depression with a high sensitivity and specificity for identifying depression [1]

- This tool goes beyond the PHQ-2 and 9 to specifically screen for depression in older adults

The GDS-SI (a 5-item sub-questionnaire) can identify patients for whom a more in-depth suicide risk assessment would be warranted [1]

- I modified the GDS-SI to include questions about access to lethal means with specific reference to firearms and firearm safety

The C-SSRS is an efficacious screening tool to assess suicide risk; various versions exist including one specific to primary care [8]

Modified GDS-SI

GDS Item	Question
3	Do you feel your life is empty?
7	Do you feel happy most of the time?
11	Do you think it is wonderful to be alive?
12	Do you feel pretty worthless the way you are now?
14	Do you feel that your situation is hopeless?

Total Score:
Score of 1 is considered "at risk" and warrants further risk assessment

Do you have access to weapons at home? Do you own guns? If yes, how you do you store them?

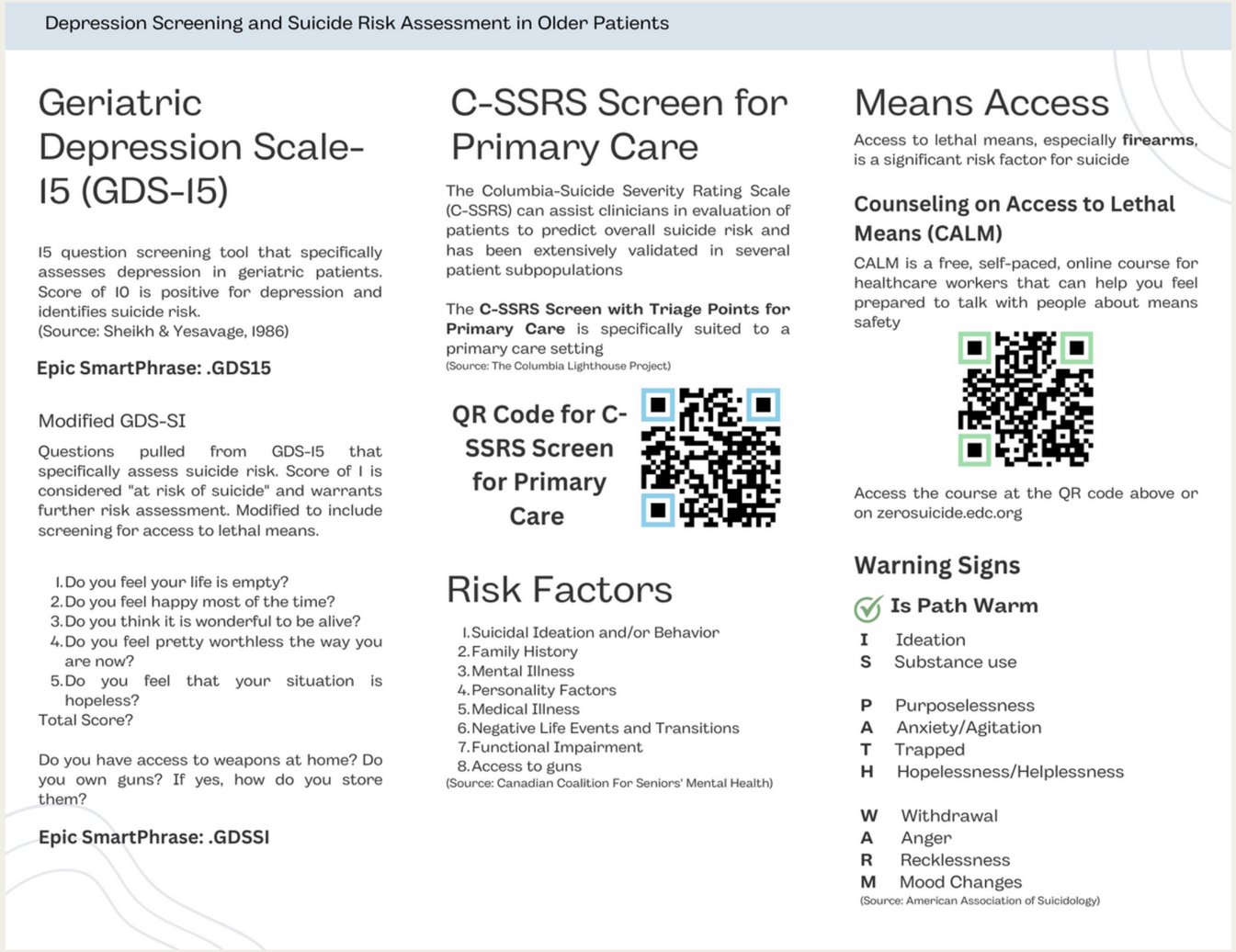
Counseling on Access to Lethal Means (CALM), a free online course made by the Zero Suicide Project, was identified as a resource for clinicians to access to improve their comfort and knowledge surrounding lethal means safety [9]

RESPONSE

Informational flyer for residents and physicians containing:

- GDS-15: a sensitive and specific test for identifying older patients with depression
- GDS-SI: 5 item questionnaire modified to include access to lethal means
- C-SSRS Screen for Primary Care: a modified version of the C-SSRS for primary care settings with QR access
- QR access to the Counseling on Access to Lethal Means online course
- Epic dot phrases were created to import the GDS-15 and modified GDS-SI

Flyers were distributed to providers within the CVPH Family Medicine office and hung on the resident physician bulletin board



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Geriatric Depression Scale-15 (GDS-15)

15 question screening tool that specifically assesses depression in geriatric patients. Score of 10 is positive for depression and identifies suicide risk.
(Source: Sheikh & Yesavage, 1986)

Epic SmartPhrase: .GDS15

Modified GDS-SI

Questions pulled from GDS-15 that specifically assess suicide risk. Score of 1 is considered "at risk of suicide" and warrants further risk assessment. Modified to include screening for access to lethal means.

1. Do you feel your life is empty?
2. Do you feel happy most of the time?
3. Do you think it is wonderful to be alive?
4. Do you feel pretty worthless the way you are now?
5. Do you feel that your situation is hopeless?

Total Score?

Do you have access to weapons at home? Do you own guns? If yes, how do you store them?

Epic SmartPhrase: .GDSSI

C-SSRS Screen for Primary Care

The Columbia-Suicide Severity Rating Scale (C-SSRS) can assist clinicians in evaluation of patients to predict overall suicide risk and has been extensively validated in several patient subpopulations

The **C-SSRS Screen with Triage Points for Primary Care** is specifically suited to a primary care setting
(Source: The Columbia Lighthouse Project)

QR Code for C-SSRS Screen for Primary Care

Risk Factors

1. Suicidal Ideation and/or Behavior
2. Family History
3. Mental Illness
4. Personality Factors
5. Medical Illness
6. Negative Life Events and Transitions
7. Functional Impairment
8. Access to guns

(Source: Canadian Coalition For Seniors' Mental Health)

Means Access

Access to lethal means, especially **firearms**, is a significant risk factor for suicide

Counseling on Access to Lethal Means (CALM)

CALM is a free, self-paced, online course for healthcare workers that can help you feel prepared to talk with people about means safety

Access the course at the QR code above or on zerosuicide.edc.org

Warning Signs

Is Path Warm

I Ideation
S Substance use

P Purposelessness
A Anxiety/Agitation
T Trapped
H Hopelessness/Helplessness

W Withdrawal
A Anger
R Recklessness
M Mood Changes

(Source: American Association of Suicidology)

EVALUATION OF EFFECTIVENESS + LIMITATIONS

Effectiveness:

- Goal is for residents, physicians, and other providers to routinely and comfortably screen for depression, suicide risk, and access to lethal means in older patients
  - This could be assessed by surveying how often providers use the GDS-15, GDS-SI, and/or C-SSRS and how often they ask about lethal means; this could be compared with the rate of diagnosis of depression and/or prescription of psychiatric medication or referral to mental health services
  - Provider comfort with assessing suicide risk, depression, and means access in older adults could be surveyed using a Likert scale to assess comfort level and usability of different screening tools

Limitations:

- Provider time is limited at visits and conducting long screening assessments can be challenging particularly when there are other needs to be addressed
- Some screening tools, such as the C-SSRS, may be ill suited for primary care settings
- Providers may be uncomfortable with asking questions about suicide or firearm access

RECOMMENDATIONS FOR FUTURE PROJECTS

- Survey provider comfort with depression screening and suicide risk assessment
- Survey provider comfort with asking patients about access to lethal means with an emphasis on firearm access
- Survey/assess usability and efficacy of screening methods such as the C-SSRS in a primary care setting
- Implementation of a protocol for firearm safety counseling in primary care

CITATIONS

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